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## Instructions for Using Fill-in PDF Application Forms

The application forms are in fill-in PDF format. To access a PDF file, you will need the Adobe Acrobat Reader or Acrobat Approval software. The Acrobat Reader software is free and is available at Adobe's Web site at [www.adobe.com](http://www.adobe.com). Acrobat Approval can be purchased through the Adobe Web site. **CAUTION: Please note that the free Adobe Acrobat Reader does not allow you to save your completed forms. You can save your completed forms if you use Acrobat Approval.**

**If you are using the free Acrobat Reader:** Before you start to fill out a form, please make sure that you have all the correct, final information available. You may wish to print the forms first, fill them out by hand, and ensure their accuracy before filling in the final forms on your computer. **As Adobe Acrobat Reader does not allow you to save the form once it is filled out,** you will be unable to go back and retrieve or edit your information once you close the window containing the forms. You must print out the forms before you close the window or you will lose the information that you have entered. With multi-page documents, you may want to proofread and print each page as you complete it.

**If you are using Acrobat Approval:** You can save, close, and reopen a form as you would a conventional word processing document.

Please note that currently there is no computer-generated computation, validation, or verification of the information that you enter. Form fields simply allow you to type in information; you must ensure it is correct.

To complete the forms:

1. If your cursor is not already in the shape of a "hand," select the "hand" tool from the Acrobat toolbar menu. This will allow you to move the page around to see each portion.
2. Move the "hand" pointer over a form box on the document. The "hand" should turn into an "I-beam." The "I-beam" signifies a "fill-in" section of the form. Click inside the box. You can now type into the box. When the pointer hovers over a check box, button, or item list, it will turn into a hand with one finger pointing. This means you can select the item.
3. Fill out the form by typing text into the appropriate areas and by checking boxes where needed. (Boxes can be checked either by clicking on the box with your mouse or by tabbing into the box and hitting the "enter" key.)
4. To move from field to field, use the Tab key. Shift + Tab will move you to the previous field.
5. Print the form using the "print" icon in the Acrobat toolbar menu, not the print icon or command in your Web browser. If you print using your Web browser's print command instead of the Acrobat command, the contents of the fields might not print properly.
6. Check the printed forms very carefully for any errors, fields that did not print, or omissions. You may go back and make changes to any of the fields in your open document and then reprint it.

# Basic Information

Choose one:

OMB No. 3135-0112  
Expires 02/28/05

\_\_\_\_\_ Radio \_\_\_\_\_ Television

Read the instructions that follow this form before you start.

Applicant (official IRS name):

Mailing Address:

Street Address (if different):

ZIP Code (9-digit number):

ZIP Code (9-digit number):

Web Address:

Taxpayer ID Number (9-digit number):

DUNS Number:

For this application, the applicant is serving as a (check if applicable):  Fiscal Agent  Parent of a Component  
If you have checked one of the boxes above, list here the nonprofit group or entity on whose behalf you are applying:

Project Director

Mr.  Ms. First:

Last:

Title:

E-mail:

Telephone:

( )

ext.

Fax:

( )

Category: Arts on Radio and Television (4-34-46)

Period of Support (e.g., 05/01/05 to 08/31/06):

/

/

to:

/

/

Project Summary:

Performance Measurements:

Programming Summary:

# of proposed programs

Length of each program

For existing series, # of stations carrying program

Project Budget Summary:

\$

PLUS

\$

MUST EQUAL

\$

Amount Requested

Total Match for this Project

Total Project Costs

Total organizational operating expenses for the most recently completed fiscal year:

\$

For year ending (Month/Year):

/

I certify that the information contained in this application, including all attachments and supporting material, is true and correct to the best of my knowledge. I also certify that the applicant is in compliance with the federal requirements specified under "Assurance of Compliance."

Authorizing Official

Mr.  Ms. First:

Last:

Title:

E-mail:

Telephone:

( )

ext.

Fax:

( )

Signature:

Date:

/ /

Additional  
Authorizing  
Official (optional)

Mr.  Ms. First:

Last:

Title:

E-mail:

Telephone:

( )

ext.

Fax:

( )

Signature:

Date:

/ /



**NOTE:** The Arts Endowment is working to make it possible for organizations to submit their applications electronically through Grants.gov, the federal government's on-line application system. Check the Arts Endowment's Web site at [www.arts.gov](http://www.arts.gov) in August for further information.

**CHOOSE ONE: RADIO OR TELEVISION:** Check the one area that identifies the type of project for which you are applying.

**APPLICANT:** Type your organization's name and address in the spaces provided. The name provided here and at the top of each page must be identical to the applicant's legal name in the IRS 501(c)(3) status letter or in the official document that identifies the organization as a unit of state or local government, or as a federally-recognized tribal community or tribe. If the applicant uses a popular name that is different, you may note that name in parentheses after the IRS name.

If you are a fiscal agent or a parent organization that is applying on behalf of a sponsored organization or component, do not list the name of the sponsored organization or component here; you will be asked to provide it below. For example, a fiscal agent applying on behalf of a sponsored organization would list its name here ("State Arts Council") and the name of the sponsored organization ("ABC Community Organization") below.

**ZIP CODE (9-DIGIT NUMBER):** Also known as "ZIP + 4 Code." Enter the 9-digit number that was assigned by the United States Postal Service. If you do not know your full ZIP Code you may look it up at <http://www.usps.com/zip4/>.

**TAXPAYER ID NUMBER:** Also known as "Employer Identification Number." Enter the 9-digit number that was assigned by the Internal Revenue Service; do not use a Social Security Number.

**DUNS NUMBER:** All applicants for federal funds must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number, a unique nine- or thirteen-digit sequence recognized as the universal standard for identifying and keeping track of over 70 million organizations and companies worldwide. If your organization does not have a DUNS number, you can receive one for free by calling 866/705-5711. For more information, see "Get your DUNS number."

**FOR THIS APPLICATION, THE APPLICANT IS SERVING AS A** (check if applicable; otherwise leave blank):

- **Fiscal agent for an organization that is eligible for financial assistance.** Check the "Fiscal Agent" box and enter the name of the nonprofit group on whose behalf you are applying in the space provided. Unless otherwise noted, items that relate to the official applicant should refer to the fiscal agent.
- **Parent institution applying on behalf of an eligible separate component.** Check the "Parent of a Component" box and enter the name of the component in the space provided. Unless otherwise noted, items that relate to the official applicant should refer to the parent organization.

**PERIOD OF SUPPORT** is the span of time that is necessary to plan, execute, and close out your proposed project. Use two-digit numerals, e.g., 05/01/05 to 08/31/06. The Arts Endowment's support of a project may start on May 1, 2005, or any time thereafter. Generally, a grant period of up to three years is allowed.

**PROJECT SUMMARY:** In the space provided, briefly describe how you plan to use the Arts Endowment and matching funds.

**PERFORMANCE MEASUREMENTS:** In this space, briefly describe how you will measure your success in achieving: 1) the Arts Endowment-identified outcome for this category (Audiences throughout the nation have opportunities to experience a wide range of art forms and activities); and 2) any additional outcome(s) that you have identified for the project. Measurements can be quantitative or qualitative, but they must be objective and verifiable.

**PROGRAMMING SUMMARY:** The numbers provided here should agree with those in your Application Narrative.

**PROJECT BUDGET SUMMARY:**

- **Amount Requested:** Be sure that this is the same as the "Amount requested from the Arts Endowment" in Item 1 of the Project Budget form.
- **Total Match for this Project:** This must agree with Item 2 of the Project Budget form.
- **Total Project Costs:** This must agree with Item 6 of the Project Budget form.

**TOTAL ORGANIZATIONAL OPERATING EXPENSES FOR THE MOST RECENTLY COMPLETED FISCAL YEAR:** If you are a fiscal agent or a parent organization, provide this information for the group or component on whose behalf you are applying. Unaudited figures are acceptable.

**AUTHORIZING OFFICIAL(S):** Provide this information for the official of the applicant organization who has the legal authority to obligate the organization. This individual should sign and date the form where indicated. If you are awarded a grant, the authorizing official(s) identified on your application can sign payment requests, requests to amend the grant, and final reports. If your organization wishes to identify more than one authorizing official for this project, please provide the information requested under "2. Additional Authorizing Official" and have the second authorizing official sign in the space provided.

# Application Narrative

OMB No. 3135-0112  
Expires 02/28/05

Read the instructions that follow this form before you start. You may attach up to ten additional pages if necessary.

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Applicant (official IRS name):

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**Type your narrative in the space provided; leave a one inch margin on each side. Do not reduce type below 12 point font size; leave space between paragraphs.** The Arts Endowment and panelists prefer succinct narratives; however, you may attach up to ten additional pages if necessary. Make sure that any additional pages are labeled clearly with your organization's name and have margins of at least one inch.

The information that you provide will be reviewed in accordance with the "Review Criteria." Provide a straightforward description of your project; avoid rhetoric. Your narrative must cover the following:

- **Program Content:** Specify the number and length of the programs that are to be produced. For documentary and drama projects, provide a synopsis and treatment for each proposed program. For performance programs, provide the proposed repertoire, principal performers, etc. For series which acquire or commission works for broadcast, please describe the process by which you will select works for the programs. Describe the relationship of the proposed project to what has been done on the same subject in the past.
- **Previous Programming:** For existing series, provide a representative list of programs broadcast in the last two years, including audience figures and number of stations, and attach a station carriage list.
- **Project timeline.**
- **Broadcast/Distribution/Outreach Plans:** Describe your plans for reaching a national broadcast audience, as well as any plans for related ancillary activities such as Web sites, educational applications, public outreach projects. Explain how previous work has been distributed. Estimate, to the extent possible, the number of people that will be served by the project.
- **Goals:** Discuss your goals in undertaking the project and what you hope to achieve. Address the Arts Endowment's outcome (Audiences throughout the nation have opportunities to experience a wide range of art forms and activities) and identify any additional outcomes of your own that you have established for the project.
- **Monitoring and assessment:** Describe your plans for monitoring the project and assessing the degree to which you achieve your goals. Include your plans for documentation and evaluation, as appropriate. Describe how you will measure your success in achieving the outcomes identified above.
- **Project Personnel:** Provide brief biographies of the person(s) with principal creative responsibility for the project (one-half page maximum for each bio).
- **Rights Clearances:** If the project is based on copyrighted material (e.g., literary, musical, biographical), provide a statement documenting the clearance of rights. Similar clearance of rights is required for artists (or their estates) prominently featured in the series. In order to encourage multiple use of programs beyond broadcast, applicants are encouraged to clear distribution and Internet rights in advance of program production.

# Project Budget, Part 1

OMB No. 3135-0112  
Expires 02/28/05

Page 1 of 2. Read the instructions that follow this form before you start.

Applicant (official IRS name): \_\_\_\_\_

## INCOME

1. Amount requested from the Arts Endowment \$ \_\_\_\_\_

2. Total match for this project Be as specific as possible. Asterisk (\*) those funds that are committed or secured. \_\_\_\_\_ Amount

Cash (Refers to the cash donations, grants, and revenues that are expected or received for this project)

Total cash a. \$ \_\_\_\_\_

**In-kind: Donated space, supplies, volunteer services** (These same items also must be listed as direct costs under "Expenses" below or in Part 2 of the Project Budget form; identify sources)

Total donations b. \$ \_\_\_\_\_

Total match for this project (2a. + 2b.) \$ \_\_\_\_\_

## EXPENSES

1. Direct costs: Salaries and wages

Title and/or type of personnel	Number of personnel	Annual or average salary range	% of time devoted to this project	Amount
--------------------------------	---------------------	--------------------------------	-----------------------------------	--------

Total salaries and wages a. \$ \_\_\_\_\_

Fringe benefits Total fringe benefits b. \$ \_\_\_\_\_

Total salaries, wages, and fringe benefits (a. + b.) \$ \_\_\_\_\_



**NOTE:** Organizations may not receive more than one Arts Endowment grant for the same expenses. This budget cannot include project costs that are supported by any other federal funds or their match.

Your Project Budget should reflect only those costs that will be incurred during the "Period of Support" that you have indicated for your project. Any costs incurred before or after those dates will be removed. Round **all numbers to the nearest \$100**. Combine like costs if necessary to make rounding more realistic. Applicants whose grants are recommended for less than the amount that is requested may be asked to revise the project budget.

**You may attach two copies of your own production budget for clarification, but these may not be submitted in lieu of the required Project Budget form.**

## INCOME

- 1. AMOUNT REQUESTED FROM THE ARTS ENDOWMENT:** Indicate the amount that you are requesting from the Arts Endowment.
- 2. TOTAL MATCH FOR THIS PROJECT:** The Arts Endowment requires each applicant to obtain at least half the total cost of each project from non-federal sources. Matches of more than dollar for dollar are encouraged. Be as specific as possible. **Asterisk (\*) those funds that are committed or secured.**

**Cash match** refers to the cash donations (including items or services that are provided by the applicant organization), grants, and revenues that are expected or received for this project. Do not include any Arts Endowment or other federal grants (e.g., from the Department of Education, National Science Foundation, National Endowment for the Humanities) that are anticipated or received. Funds from the Corporation for Public Broadcasting and the Public Broadcasting System are allowable. Identify sources.

**In-kind: Donated space, supplies, volunteer services** are goods and services that are donated by individuals or organizations other than the applicant (third-party). **To qualify as matching resources, these same items also must be listed in the project budget as direct costs.** The dollar value of these non-cash donations should be calculated at their verifiable fair-market value. Identify sources. Reminder: Proper documentation must be maintained for all items noted as "in-kind."

## EXPENSES

**DIRECT COSTS** are those that are identified specifically with the project.

- 1. DIRECT COSTS: Salaries and wages** cover compensation for personnel, administrative and artistic, who are paid on a salary basis. (Funds for contractual personnel and compensation for artists who are paid on a fee basis should be included in "3. Other expenses" in Part 2 of the Project Budget form, and not here.) Indicate the title and/or type of personnel, the number of personnel, the annual or average salary range, and the percentage of time that will be devoted to the project. List key staff positions, and combine similar functions. Where appropriate, use ranges. Example:

Title and/or type of personnel	Number of personnel	Annual or average salary range	% of time devoted to this project	Amount
Executive Director	1	\$40,000 per yr.	10%	\$4,000
Archivists	3	\$20-25,000 per yr.	5-40%	\$15,000
Support Staff	2	\$15-20,000 per yr.	20-30%	\$9,000

Salaries and wages for performers and related or supporting personnel must be estimated at rates no less than the prevailing minimum compensation as required by the Department of Labor Regulations. (See "Legal Requirements" for details.) Salaries and wages that are incurred in connection with fund raising are not allowable project expenses; do not include them in your budget.

**Fringe benefits** are those costs other than wages or salary that are attributable to an employee, as in the form of pension, insurance, etc. They may be included here only if they are not included as indirect costs.

# Project Budget, Part 2

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Expires 02/28/05

Page 2 of 2. Read the instructions that follow this form before you start.

Applicant (official IRS name): \_\_\_\_\_

## EXPENSES, CONTINUED

### 2. Direct costs: Travel (Include subsistence)

# of travelers	From	To	Amount
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Total travel \$ \_\_\_\_\_

### 3. Direct costs: Other expenses (Include consultant and artist fees, honoraria, contractual services, promotion, acquisition fees, rights, access accommodations, publication, telephone, photocopying, postage, supplies and materials, distribution, translation, transportation of items other than personnel, rental of space or equipment, and other project-specific costs)

Amount \_\_\_\_\_

Total other expenses \$ \_\_\_\_\_

4. Total direct costs (1. from Project Budget, Part 1 +2.+3.) \$ \_\_\_\_\_

### 5. Indirect costs (if applicable)

Federal Agency:	Rate (%)	x Base	= \$	_____
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6. Total project costs (4.+5.) \$ \_\_\_\_\_



## EXPENSES, CONTINUED

2. **DIRECT COSTS: Travel** must be estimated according to the applicant's established travel practice, providing that the travel cost is reasonable and does not exceed the cost of air coach accommodations. Include subsistence costs (e.g., hotels, meals) as part of the "Amount" listed for each trip, as appropriate. Foreign travel, if any is intended, must be specified in this section and must conform with government regulations. If Arts Endowment funds are used for foreign travel, such travel must be booked on a U.S. air-carrier when this service is available.
3. **DIRECT COSTS: Other expenses** include consultant and artist fees, honoraria, contractual services, promotion, acquisition fees, rights, access accommodations (e.g., audio description, sign-language interpretation, closed or open captioning, large-print brochures/labeling), publication, telephone, photocopying, postage, supplies and materials, distribution, translation, transportation of items other than personnel, rental of space or equipment, and other project-specific costs. **List artist compensation here if artists are paid on a fee basis.**

Television broadcast projects must be closed or open captioned. Applicants should check with captioning organizations for an estimate.

**If you intend to purchase any equipment that costs \$5,000 or more per item and that has an estimated useful life of more than one year, you must identify that item here and attach a written justification.**

Group similar items together on a single line, with only one total cost. List consultant and artist fees, honoraria, or contracts for professional services on consecutive lines; do not scatter them throughout the list. Specify the number of persons and the applicable fee, rate, or amount of each. You may attach additional sheet(s) if necessary. Example:

Artists (5 @ \$300-500 per week/30 weeks)	\$60,000
Consultants (2 @ \$150 per ½ day/1 day per mo./10 mos.)	\$6,000
Closed captioning	\$1,000
Project supplies	\$4,000
Administration (rent, telephone, copying)	\$5,000

Do not include fund raising, entertainment or hospitality activities, concessions (e.g., food, T-shirts), fines and penalties, bad debt costs, deficit reduction, cash reserves or endowments, lobbying, marketing expenses that are not directly related to the project, contingencies, miscellaneous, or costs incurred before the beginning of the official period of support.

4. **TOTAL DIRECT COSTS** is the total of all direct cost items listed in "1. Salaries and wages" (from Part 1 of the Project Budget form), "2. Travel," and "3. Other expenses."
5. **INDIRECT COSTS** are overhead or administrative costs that are not readily identifiable with a specific project. (The costs of operating and maintaining facilities and equipment, depreciation or use allowances, and administrative salaries and supplies are typical examples of indirect costs.) Indirect costs are prorated or charged to a project through a rate negotiated with the Arts Endowment or another federal agency. **If you do not have or intend to negotiate an indirect cost rate**, leave this section blank. You may claim administrative costs or overhead as direct costs under "3. Other expenses." If you have a negotiated rate and would like to include indirect costs, complete the information requested in this section and attach a copy of your current negotiated agreement. For additional information, see "Indirect Cost Guide for NEA Grantees."
6. **TOTAL PROJECT COSTS** is the total of "4. Total direct costs," and, if applicable, "5. Indirect costs." **NOTE:** "1. Amount requested from the Arts Endowment" (from Part 1 of the Project Budget form) plus "2. Total match for this project" (also from Part 1) must equal the "Total project costs." Your project budget should **not** equal your organization's entire operating budget.

# Work Sample Index

OMB No. 3135-0112  
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Refer to "How to Prepare and Submit an Application" and the instructions that follow this form. List the work(s) submitted as part of your application package in the order in which you want them reviewed.

If more than two work samples are submitted, you may copy this blank form or reproduce it on your computer (please keep to the original format). Label additional samples C, D, E...

Applicant (official IRS name):

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## WORK SAMPLE A

1. **Format (check one):**     Slides     Books/publications     Audio cassette     CD     DAT     DVD  
    VHS     3/4" video cassette     CD-ROM     Other \_\_\_\_\_

---

2. **List selections/describe contents**  
(Where appropriate, indicate title of work/artists, etc. Attach an additional sheet(s) if necessary):

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3. **Principal production credits:**

---

4. **Date work(s) completed:**

---

5. **Running time of complete work:**

6. **Length of submitted sample:**

---

7. **Relationship of work sample to the project:**

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8. **Special instructions** (Include cue information or real elapsed time, indicating the start of each selection):

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## WORK SAMPLE B

1. **Format (check one):**     Slides     Books/publications     Audio cassette     CD     DAT     DVD  
    VHS     3/4" video cassette     CD-ROM     Other \_\_\_\_\_

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2. **List selections/describe contents**  
(Where appropriate, indicate title of work/artists, etc. Attach an additional sheet(s) if necessary):

---

3. **Principal production credits:**

---

4. **Date work(s) completed:**

---

5. **Running time of complete work:**

6. **Length of submitted sample:**

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7. **Relationship of work sample to the project:**

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8. **Special instructions** (Include cue information or real elapsed time, indicating the start of each selection):

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### **How to Submit Work Samples**

**Work samples are crucial for evaluating the artistic quality of your project.** Please take the time to select samples that communicate effectively the range and quality of your proposal.

**Panelists generally spend no more than five minutes on the work sample(s) for each application.** If you are submitting more than one sample, list your samples on the Work Sample Index in the order in which you want them reviewed. Label each sample clearly with the name of the applicant and the corresponding Work Sample letter from the Work Sample Index. Where relevant, label both the cassette or disc, and its container.

Where relevant, cue your submission(s) to the start of the sample(s) to be reviewed, and include cue information on the Work Sample Index. Please be aware that the entire sample (not just the selected segment) is considered a part of the application package and may be reviewed.

The Arts Endowment will attempt to return your work sample. However, we cannot be responsible for any loss or damage.

### **Specific Instructions for Certain Types of Work Samples**

**Audio and video cassettes:** List each different cassette as one work sample on the **Work Sample Index form**. Place the selection(s) in priority order, with those that you would most like reviewed at the beginning of the tape. **Indicate the accumulated elapsed real time of each.** For example, starting at the beginning of a 15-minute tape, Selection 1 would be indicated as 00:00. If five minutes elapse from the beginning of the tape to where the second selection starts, Selection 2 would be indicated as 05:00, etc.

**Audio cassettes:** Work may be submitted on an audio cassette or on DAT (digital audiotape). Use high bias chrome or metal tapes; do not use voice quality tapes unless you are applying for a spoken-word project. Note on the cassette whether or not you have used a noise reduction system and indicate what kind. Record works on one side only. For DATs, program a separate track for each selection on the tape.

**Video cassettes:** Tapes must be 1/2 inch VHS or 3/4 inch cassette, recorded at standard play speed. Samples must be in NTSC format and not in PAL format.

**Compact discs:** List each different CD as one work sample on the **Work Sample Index form**. Place each selection on a separate track. Indicate the track number(s) that you want reviewed in priority order.

**CD-ROMs or DVD-ROMs:** List each different CD-ROM or DVD-ROM as one work sample on the **Work Sample Index form**. Discs should be formatted for viewing on both MacIntosh and PC platforms. Include information on required software, if appropriate, and outline the navigation path to be followed or list the files(s) to be reviewed in priority order. Include instructions on how to open the files.

**Advanced technology:** For Web sites, list the URLs for pages to be shown. Include information on any required plug-ins and outline the navigation path to be followed. For other types of projects call the Media Arts staff at 202/682-5738 for guidance in preparing a submission.

# Organization & Project Profile

OMB No. 3135-0112  
Expires 02/28/05

**Applicant** (official IRS name):

The National Endowment for the Arts collects basic descriptive information about all applicants and their projects. The information below will help the Arts Endowment to comply with the Government Performance and Results Act (GPRA) and will be used to develop statistical profiles of the projects that it funds to report to Congress and the public. While your responses will not be a factor in the review of your application, this form is a required part of all application packages.

## PART I

This section collects information about the applicant. If you are a fiscal agent or a parent organization, your responses should relate to your organization, not the group or component on whose behalf you are applying.

**A. ORGANIZATIONAL STATUS:** Select the one item which best describes the legal status of the organization:

- |  |   |   |
|--|---|---|
| 02 <input type="checkbox"/> Nonprofit organization | 05 <input type="checkbox"/> State government  | 07 <input type="checkbox"/> County government |
| 08 <input type="checkbox"/> Municipal government   | 09 <input type="checkbox"/> Tribal government | 99 <input type="checkbox"/> None of the above |

**B. ORGANIZATIONAL DESCRIPTION:** The following codes work in conjunction with the Organizational Discipline codes in C. below (e.g., select "Performing Group" here and "Theater" below to indicate that your organization is a theater company). Select the one item which best describes the organization:

- |  |   |  |   |
|--|---|--|---|
| 49 <input type="checkbox"/> Artists' Community, Arts Institute or Camp                       | 32 <input type="checkbox"/> Community Service Organization<br>(a non-arts service organization, e.g., youth center, chamber of commerce, or YMCA) | 12 <input type="checkbox"/> Independent Press                                  | 03 <input type="checkbox"/> Performing Group  |
| 15 <input type="checkbox"/> Arts Center<br>(e.g., a multi-purpose arts facility)             | 14 <input type="checkbox"/> Fair or Festival  | 27 <input type="checkbox"/> Library  | 47 <input type="checkbox"/> Presenter/Cultural Series Organization  |
| 16 <input type="checkbox"/> Arts Council or Agency<br>(includes regional arts organizations) | 30 <input type="checkbox"/> Foundation  | 13 <input type="checkbox"/> Literary Magazine                                  | 19 <input type="checkbox"/> School District   |
| 17 <input type="checkbox"/> Arts Service Organization<br>(includes state-wide assemblies)    | 10 <input type="checkbox"/> Gallery/Exhibition Space  | 11 <input type="checkbox"/> Media – Film<br>(e.g., a cinema or film exhibitor) | 48 <input type="checkbox"/> School of the Arts  |
| 26 <input type="checkbox"/> College or University  | 38 <input type="checkbox"/> Government<br>(state, county, local, or tribal)   | 45 <input type="checkbox"/> Media – Radio<br>(e.g., a NPR station)             | 50 <input type="checkbox"/> Social Service Organization<br>(a governmental or private agency, e.g., a public housing authority) |
|  | 28 <input type="checkbox"/> Historical Society/Commission   | 46 <input type="checkbox"/> Media – Television<br>(e.g., a PBS station)        | 18 <input type="checkbox"/> Union or Professional Association<br>(includes artists'/designers' guilds, societies, etc.)         |
|  | 29 <input type="checkbox"/> Humanities Council or Agency  | 08 <input type="checkbox"/> Museum – Art                                       | 99 <input type="checkbox"/> None of the above   |
|  |   | 09 <input type="checkbox"/> Museum – Other                                     |   |
|  |   | 07 <input type="checkbox"/> Performance Facility                               |   |

**C. ORGANIZATIONAL DISCIPLINE:** Select the one item which best describes the organization's area of work in the arts (not the project for which it is applying):

- |   |  |   |   |
|---|--|---|---|
| 07 <input type="checkbox"/> Crafts                    | 10 <input type="checkbox"/> Literature                       | 03A <input type="checkbox"/> Opera      | 11 <input type="checkbox"/> Interdisciplinary<br>(art forms/works integrating more than one discipline) |
| 01 <input type="checkbox"/> Dance                     | 09 <input type="checkbox"/> Media Arts<br>(audio/film/video) | 08 <input type="checkbox"/> Photography | 14 <input type="checkbox"/> Multidisciplinary<br>(more than one discipline)                             |
| 06 <input type="checkbox"/> Design                    | 02 <input type="checkbox"/> Music                            | 04 <input type="checkbox"/> Theater     | 99 <input type="checkbox"/> None of the above   |
| 12 <input type="checkbox"/> Folklife/Traditional Arts | 03B <input type="checkbox"/> Musical Theater                 | 05 <input type="checkbox"/> Visual Arts |   |
| 13 <input type="checkbox"/> Humanities                |  |   |   |

# Organization & Project Profile (cont'd.)

OMB No. 3135-0112  
Expires 02/28/05

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Applicant (official IRS name):

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**D. ORGANIZATIONAL RACE/ETHNICITY (OPTIONAL):** Select the one item which best describes the predominant racial/ethnic identity of the organization. If at least half of the board, staff, or membership belongs to one of the listed racial/ethnic groups, use that designation. If no one group predominates, select "General".

- |  |   |  |  |
|--|---|--|--|
| N <input type="checkbox"/> American Indian or<br>Alaska Native | B <input type="checkbox"/> Black or African<br>American | O <input type="checkbox"/> Native Hawaiian or<br>Other Pacific<br>Islander | G <input type="checkbox"/> General<br>(No predominant<br>racial/ethnic identity) |
| A <input type="checkbox"/> Asian                               | H <input type="checkbox"/> Hispanic or Latino           | W <input type="checkbox"/> White   |  |

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**E. ACCESSIBILITY:** Check below as applicable to indicate if the organization's board or staff includes an older adult (65 years of age or older) or a person with a disability (a physical or mental impairment that substantially limits one or more major life activities); otherwise leave blank.

- Older Adults       Individuals with Disabilities

# Organization & Project Profile (cont'd.)

OMB No. 3135-0112  
Expires 02/28/05

Applicant (official IRS name):

## PART II

This section collects information about the project.

**A. PROJECT DISCIPLINE:** Select the one item which best describes the subject matter of the project:

- |  |  |   |   |
|--|--|---|---|
| 07 <input type="checkbox"/> <b>Crafts</b>                    | 09 <input type="checkbox"/> <b>Media Arts –</b>                  | 03B <input type="checkbox"/> <b>Musical Theater</b>                     | 11 <input type="checkbox"/> <b>Interdisciplinary</b><br>(art forms/works<br>integrating more than<br>one discipline to form a<br>single work) |
| 01 <input type="checkbox"/> <b>Dance –</b>                   | 09B <input type="checkbox"/> <b>Audio</b>                        | 03A <input type="checkbox"/> <b>Opera</b>                               | 14 <input type="checkbox"/> <b>Multidisciplinary</b><br>(more than one<br>discipline)   |
| 01A <input type="checkbox"/> <b>Ballet</b>                   | 09A <input type="checkbox"/> <b>Film</b>                         | 08 <input type="checkbox"/> <b>Photography</b>                          | 99 <input type="checkbox"/> <b>None of the above</b>  |
| 01C <input type="checkbox"/> <b>Modern</b>                   | 09C <input type="checkbox"/> <b>Video</b>                        | 04 <input type="checkbox"/> <b>Theater</b>                              |   |
| 06 <input type="checkbox"/> <b>Design</b>                    | 09D <input type="checkbox"/> <b>Technology/<br/>Experimental</b> | 04E <input type="checkbox"/> <b>Theater for<br/>Young<br/>Audiences</b> |   |
| 12 <input type="checkbox"/> <b>Folklife/Traditional Arts</b> | 02 <input type="checkbox"/> <b>Music –</b>                       | 05 <input type="checkbox"/> <b>Visual Arts</b>                          |   |
| 10 <input type="checkbox"/> <b>Literature</b>                | 02B <input type="checkbox"/> <b>Chamber</b>                      |   |   |
|  | 02C <input type="checkbox"/> <b>Choral</b>                       |   |   |
|  | 02F <input type="checkbox"/> <b>Jazz</b>                         |   |   |
|  | 02D <input type="checkbox"/> <b>New</b>                          |   |   |
|  | 02I <input type="checkbox"/> <b>Orchestral</b>                   |   |   |

**B. PROJECT RACE/ETHNICITY (OPTIONAL):** Select the one item which best describes the predominant racial/ethnic identity of the project. If the majority of activities are intended to involve or act as a clear expression or representation of the cultural traditions of one particular group, or deliver services to a designated population listed below, choose that group. If the activity is not designated to represent or reach any one particular group, select "General".

- |  |   |   |   |
|--|---|---|---|
| N <input type="checkbox"/> <b>American Indian or<br/>Alaska Native</b> | B <input type="checkbox"/> <b>Black or African<br/>American</b> | O <input type="checkbox"/> <b>Native Hawaiian or<br/>Other Pacific<br/>Islander</b> | G <input type="checkbox"/> <b>General</b><br>(No predominant<br>racial/ethnic identity) |
| A <input type="checkbox"/> <b>Asian</b>                                | H <input type="checkbox"/> <b>Hispanic or Latino</b>            | W <input type="checkbox"/> <b>White</b>   |   |

**C. ACTIVITY TYPE:** Completed for you:

- 36  **Broadcasting** Includes broadcasts via TV, cable, radio, the Web, or other digital networks

**D. PROJECT DESCRIPTORS:** Select up to four items that represent a significant aspect of the project:

- |   |  |  |   |
|---|--|--|---|
| 9F <input type="checkbox"/> <b>Accessibility</b><br>Projects designed to<br>increase access to the<br>arts for persons with<br>disabilities including<br>ADA/504 compliance<br>activities | 9L <input type="checkbox"/> <b>Arts for Youth</b><br>Projects for young<br>people 18 years of age<br>or younger  | 9D <input type="checkbox"/> <b>Arts for Inner-City<br/>Communities</b>   | 9M <input type="checkbox"/> <b>Presenting</b><br>The presentation of<br>exhibitions,<br>productions, etc.,<br>created elsewhere   |
| 90 <input type="checkbox"/> <b>Arts for Older Adults</b><br>Projects for artists/<br>audiences 65 years of<br>age or older  | 9E <input type="checkbox"/> <b>Arts for "At Risk"<br/>Persons (Adults or<br/>Youth)</b>  | 9C <input type="checkbox"/> <b>Arts for Rural<br/>Communities</b>  | 9A <input type="checkbox"/> <b>Computer/Digital<br/>Technology</b><br>The use of new<br>technology for the<br>creation or<br>dissemination of<br>artworks, or for<br>organizational<br>management<br>purposes |
|   | 9Q <input type="checkbox"/> <b>Arts and Health/<br/>Healing</b><br>The arts in healthcare or<br>as aids in healing<br>including community<br>responses to natural<br>disasters or other<br>tragedies | 9I <input type="checkbox"/> <b>International Activity</b><br>Projects involving U.S.<br>artists in other countries,<br>visiting foreign artists,<br>cultural exchanges, etc. |   |

**E. SCHOOL/AFTER-SCHOOL ACTIVITY:** If your project involves pre-K through grade 12 students, answer the following questions by selecting yes or no; otherwise leave blank.

- Will activity take place in a pre-K through grade 12 school facility?  Yes  No  
Will activity take place outside the regular school day?  Yes  No

# Organization & Project Profile (cont'd.)

Applicant (official IRS name):

**F. ARTS EDUCATION:** Select the one response that best characterizes the extent to which this project involves arts education (i.e., systematic educational efforts with measurable outcomes designed to increase knowledge of and/or skills in the arts):

- |    |                          |                         |     |  |
|----|--------------------------|-------------------------|-----|--|
| 99 | <input type="checkbox"/> | None                    |     | <b>50% or more with activities primarily directed to:</b>                      |
| 02 | <input type="checkbox"/> | Some, but less than 50% | 01A | <input type="checkbox"/> <b>K-Grade 12 Students</b>                            |
|    |                          |                         | 01D | <input type="checkbox"/> <b>Adult Learners</b> (Includes teachers and artists) |
|    |                          |                         | 01C | <input type="checkbox"/> <b>Pre-Kindergarten Children</b>                      |
|    |                          |                         | 01B | <input type="checkbox"/> <b>Higher Education Students</b>                      |
|    |                          |                         | 01  | <input type="checkbox"/> <b>Multiple Groups of Learners</b>                    |

For items G. and H. below, your figures should encompass only those activities and individuals directly affected by or involved in your project during the "Period of Support" that you have indicated for your project (with one exception for broadcasts as noted below). Leave blank any items that are not applicable or for which you do not have actual figures or reasonable estimates.

**G. PROJECT ACTIVITY:**

\_\_\_\_\_ **# of artwork(s) to be created**  
(Do NOT include student works, adaptations, re-creations, or re-stagings of existing works.)

\_\_\_\_\_ **# of concerts/performances/readings**

\_\_\_\_\_ **# of lectures/demonstrations/workshops/symposiums**

\_\_\_\_\_ **# of books and/or catalogues to be published**  
(The # of different titles, not the # distributed. Do NOT include performance programs or guides, newsletters, or other ancillary material.)

\_\_\_\_\_ **# of artworks to be identified/documentated**  
(I.e., for the purpose of creating a comprehensive list, inventory, or catalogue. Include works digitally converted for documentation or access purposes.)

\_\_\_\_\_ **# of schools (pre-K through grade 12) that will actively participate**  
(Those schools that will be involved actively in your project, not those to which material simply is distributed.)

\_\_\_\_\_ **# of organizational partners**  
(Organizations that combine resources and work together to make the project happen. Do NOT include funders unless they will actively participate.)

\_\_\_\_\_ **# of hours to be broadcast on radio, television, or cable**  
(For series, include hours for all broadcasts. Include broadcasts that occur after the end date of the project only if they will be a direct result of the funding of this application. Do NOT include public service announcements, advertising or other promotional activities, or Web-casts.)

**H. PARTICIPANTS/AUDIENCES BENEFITING:**

\_\_\_\_\_ **# of artists**  
(Those artists who will participate actively in the project including members of performing groups and living artists whose work will be represented. Do NOT include technical, managerial, or administrative support. If an artist also is a teacher, you may count that person as either an artist or a teacher, but not both.)

\_\_\_\_\_ **# of teachers**  
(Those teachers who will participate actively in the project. If a teacher also is an artist, you may count that person as either an artist or a teacher, but not both.)

\_\_\_\_\_ **# of children/youth**  
(Those 18 years of age or younger.)

\_\_\_\_\_ **Total # of individuals benefiting**  
(Include all those from the left column plus others to be involved in the project during the "Period of Support" that you have indicated for your project. Do NOT include broadcast audiences; see below.)

\_\_\_\_\_ **For radio, television, and cable broadcasts, total audience**  
(For series, include audience totals for all broadcasts. Include broadcasts that occur after the end date of the project only if they will be a direct result of the funding of this application. Do NOT include public service announcements, advertising or other promotional activities, or Web-casts.)

# Application Checklist

OMB No. 3135-0112  
Expires 02/28/05

**For your application to be considered complete, all items must be included in your application package, which must be postmarked (or show other proof of mailing) no later than September 10, 2004. Applications that are determined to be incomplete will be returned.** Please complete the checklist below to make sure that all required material has been included in your application package. This is solely for your own use. This checklist does NOT need to be included in your application package.

- Self-addressed postcard.**
- Internal Revenue Service letter that reflects the applicant's current 501(c)(3) status** and legal organization name, or the official document that identifies the applicant as a unit of state or local government, or as a federally-recognized tribal community or tribe (two copies).
- The following **Application Forms** (one set with original signatures and two copies):
  - Basic Information
  - Application Narrative
  - Make sure the Application Narrative addresses:
    - Program content.
    - Previous programming, where applicable.
    - Project timeline.
    - Broadcast/distribution/outreach plans.
    - Goals.
    - Monitoring and assessment.
    - Biographies of project personnel.
    - Rights clearances, where applicable.
  - Project Budget
  - Organization & Project Profile
- Film/video/audio samples** (one copy).
  - If a work-in-progress is submitted, a completed work (one copy).
  - If applying for a drama program or arts documentary, a sample script if available (two copies).
  - Work Sample Index
- If the project has received previous Arts Endowment support, a one-page **status report** (two copies).

SEND YOUR APPLICATION PACKAGE TO:

Application Processing  
Room 815  
(The Arts on Radio and Television)  
National Endowment for the Arts  
1100 Pennsylvania Avenue, NW  
Washington, DC 20506-0001